

# RESPIRATORY CARE PRACTITIONER LICENSURE INSTRUCTIONS & INFORMATION

**Respiratory Care Board of California**  
444 North 3<sup>rd</sup> Street, Suite 270, Sacramento, CA 95814  
Telephone (916) 323-9983 Fax (916) 323-9999  
Toll Free (866) 375-0386  
[www.rcb.ca.gov](http://www.rcb.ca.gov)

# APPLICATION FOR LICENSURE OVERVIEW AND CHECKLIST

- ☐ 1. Complete the Application for Licensure form.
- ☐ 2. Complete the "Statement of Understanding" form.
- ☐ 3. If you ever held or now hold a driver's license in California, complete the "Request for your own Driver License/Identification Card" It is recommended that you personally visit a DMV office, rather than mail the form, to receive the proper "H-6" DMV History Report. If you are not specific in requesting the "H-6" report, DMV will issue you a report that is not accepted by the Board. The fee for this report is approximately \$5. (If you have held a license in other states you will also need to obtain a copy of your entire driving history in each state - up to 10 years)
- ☐ 4. Complete the "Background Statement" form if you answered Yes to any question numbered 18-27 on the "Application for Licensure" form. You must also attach required documentation as directed.
- ☐ 5. Approximately 2 weeks before you send your application to the Board, visit a participating law enforcement agency and request the fingerprint "Live Scan" Service. The cost will vary, but is generally \$66. Applicants outside of California may submit two fingerprint cards with a fee of \$66 to the Board. Submit the second copy of the Live Scan form with your application.
- ☐ 6. Obtain a 2 x 2 passport photo (photo must be taken within 60 days prior to filing your application). Adhere the photo to the front of the Application for Licensure form as indicated. Group or cropped photographs will not be accepted. Approximate cost: \$10.
- ☐ 7. Submit your complete application to the Board either once you have met the education requirements or up to 90 days prior to meeting the education requirements (completion of an approved respiratory care program AND the awarding of a minimum of an Associate Degree). New graduates are encouraged to submit their applications as soon as possible (but not earlier than the 90-day time period) to allow ample time to process the application. Your complete application includes:
  - \* Application for Licensure form
  - \* Statement of Understanding form
  - \* H-6 DMV History Report (and all other driving history reports from other states, if applicable)
  - \* Second copy of Live Scan form (if applicable)
  - \* Background Statement form and all required documentation (if applicable)
  - \* Check or money order (for the appropriate fee as indicated on the Application for Licensure form).
- ☐ 8. After you have met the education requirements, request your college or university to send "official transcripts" directly to the Board. Be sure the transcript(s) reflect(s) the awarding of a minimum of an Associate Degree and completion of your respiratory care program. Approximate cost: free or up to \$15. If your education was obtained from outside the United States, you must also have an evaluation forwarded to the Board.
- ☐ 9. If you have already taken and passed the CRT or RRT exam or hold a registration, certificate or license in any state for any health care profession, contact the issuing agency and request a "Verification" of licensure or credentialing be sent directly to the Board. Cost for credential verification \$3; Cost for verification of licensure: varies greatly from state to state.
- ☐ 10. If you need to take the exam, follow the instructions on the enclosed "Exam Scheduling Information" form. Once you meet the education requirements, you will need to schedule your examination.



- ☐ 11. Work permits allow an applicant to work under the direct supervision of a licensed respiratory care practitioner. "Under direct supervision" means assigned to a licensed respiratory care practitioner who is on duty and immediately available in the assigned patient care area. Any person working with a work permit shall identify him/herself as a "Respiratory Care Practitioner Applicant."

A Work Permit will be issued for a period of 60 days, generally within 10 days from the time the Board receives:

- \* a complete application (as provided in number 7),
- \* a fingerprint clearance or if criminal, disciplinary or substance abuse exists, the Board's Enforcement Unit must determine that a work permit may be issued,
- \* verification of graduation or certification of upcoming graduation by program director which is completed on the front page of the Application for Licensure form (If education was completed in a foreign country, documentation showing equivalent education must be received), and
- \* verification of your credential if you have already taken and passed the CRT or RRT examination.

If at the time the Board receives the above documentation and the application is complete for licensure, rather than issue a work permit, the Board will process your application for licensure (see number 12).

Work permits are issued for a 60 day period to allow you sufficient time to take your examination and request your official transcript(s) be sent to the Board. Work permits will not be extended except in extremely rare situations.

- ☐ 12. Once the Board receives all required documentation for licensure, including passing exam scores, you will be sent a letter notifying you of your eligibility for licensure and will be requested to submit the appropriate initial licensing fee. Initial licenses are issued for a period of 6-17 months depending upon the issuing month of the license and the applicant's birth month. The fee is prorated at \$8 per month and can range from \$48 to \$136. Upon receipt of your fee, you should receive a license number in less than 2 weeks.
- ☐ 13. After your initial license period, the license must be renewed every two years to remain current. To continue to hold an Active license you must also complete 15 hours of continuing education within the two year period prior to renewal. Your continuing education hours will be prorated the first time you renew your license. If you allow your license to expire, you will have 3 years from the expiration date to renew the license or the license becomes cancelled and cannot be renewed or reinstated.

## **MOST COMMON DEFICIENCIES**

Your application will be delayed if any of the requested information or documentation is not submitted. The most common deficiencies are:

- \* Failure to complete the "Application for Licensure" form and respond to each and every question.
- \* Failure to submit the appropriate "H-6" California driver's license history.
- \* Failure to submit an appropriate and recent 2 x 2 photo.
- \* Failure to complete and submit the "Statement of Understanding" form.
- \* Failure to complete and submit the "Background Statement" form (if applicable).
- \* Failure to submit all court and arrest records for each conviction (if applicable).

## **APPLICATION COMPLETION TIMELINE**

Applicants have one year from the time they file their initial application to complete the application process.

## **ADDRESS CHANGES**

Each person holding a license or any person with an application for licensure pending, shall file, in writing, with the board his or her proper and current mailing address, and shall give written notice within 14 days, to the Board at its Sacramento office. Address changes are also taken through the Board's website at [www.rcb.ca.gov](http://www.rcb.ca.gov).

# APPLICATION FOR LICENSURE FORM INSTRUCTIONS

## 1. Applicant Category

"Examination Candidate" is an applicant who has not taken and passed the NBRC's CRT examination.

"NBRC Credentialed" is an applicant who has already taken and passed the NBRC's CRT or RRT examination and holds a CRT or RRT credential.

"Foreign-Educated" is an applicant who received his/her education that qualifies him for licensure, from a country outside the United States.

## 2. - 7. Personal Information

Enter your personal information. All of the information is required except where noted. Disclosure of your social security number is mandatory.

## 8. Program Director Certification

If you are applying based on an anticipated graduation, this section must be completed, signed and dated by your program director. Your program director must also emboss this section with the school's seal.

## 9. Completed Respiratory Education Program Information

Enter the name of the institution where you completed or will complete your approved respiratory care program and the date you completed or will complete your program.

## 10. Degree Information

Enter the name of the institution (and other requested information) where you earned or will earn your degree(s). You are not required to list every school you ever attended, just those schools where you earned a degree.

## 11. Aliases / aka

If you have been known by any other name(s) than the one stated in number 2, please state all previous name(s) (including maiden name) and dates of use.

## 12. - 16. Other Registrations, Certificates, and Licenses

If you respond Yes to any question numbered 12 - 15, be sure to complete the chart in number 16.

## 17. Driver License Numbers

If you have ever been licensed to drive in the State of California or any other state, an ENTIRE driving history must be obtained from each state. These printouts must be included with the application package when submitted to the Board.

## 18. - 27. Disciplinary, Criminal, Substance Abuse Questions

Each and every one of these questions must be answered. If you answered Yes to any of these questions, you must complete the "Background Statement" form. **You are not required to report minor traffic violations (i.e. speeding, run traffic stop, illegal parking, etc...) unless the violation was a misdemeanor or felony. Any other citation that was not a violation of the Vehicle Code must be reported. If in doubt, report the information to avoid perjurying your application.**

## Penalty of Perjury Certification

Each applicant must sign under penalty of perjury that all information contained within the application and documentation submitted are true and correct.

**Perjury or falsification by an applicant is  
automatic grounds for denial of the license.**



## **FINGERPRINT CLEARANCE REQUIREMENT**

The Board requires each candidate for licensure to submit his or her fingerprints for state and federal processing. Applicants are urged to use Live Scan, an electronic imaging process that doesn't require fingerprint cards, in order to expedite the criminal record check. Please complete the enclosed Live Scan form and take it to your local Police, Sheriff, or Department of Justice (DOJ) office in your area for processing. You are encouraged to contact the Live Scan agency directly to determine if an appointment is necessary and to confirm what method of payment is accepted at the particular facility. You can view a listing of locations at:

<http://ag.ca.gov/fingerprints/publications/contact.pdf>

Problematic fingerprint imaging may result in delayed processing by either the DOJ or the Federal Bureau of Investigations (FBI). You should be notified of this fact within two weeks of the imaging date. In the event Live Scan service is not available (i.e., out-of-state applicants), fingerprint cards may be requested by contacting the Board.

**The Board must receive clearance from the DOJ before any applicant is considered for an Applicant Work Permit. The DOJ's average processing time for Live Scan responses is 1-2 weeks.**

## **INFORMATION COLLECTION AND ACCESS**

Business and Professions Code Sections 30 and 3730 are the laws which authorize the maintenance of information. Completion of all items within the application is mandatory. Failure to provide any of the information will result in the application being rejected as incomplete. The information provided will be used only for such purposes as may be authorized by law. Each individual has the right to review his or her file maintained by the board subject to the provisions of the Information Practices Act.

## **REPORTING OF SUSPECTED INSTANCES OF CHILD ABUSE**

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Health practitioner" includes physician and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code. RCP's are licensed under Division 2 of the Business and Professions Code.

## **DISCLOSURE OF SOCIAL SECURITY NUMBER**

Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorizes collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Further, the Respiratory Care Board is prohibited from processing any application without a SSN. Therefore, if you do not disclose your SSN, you will not be permitted to take the examination or be issued a license to practice respiratory care in the State of California.

## IN-HOUSE REVIEW / PENALTY DETERMINATION

If you are an applicant with a criminal background, you will find the following information useful.

In order to promote cost effectiveness and ensure the availability of funds to prosecute high priority complaints, the Board adopted the following guidelines for Respiratory Care Board staff in reviewing criminal history for applicants and licensees on February 22, 2002.

These are merely in-house guidelines and do not preclude the Board from imposing a different form of discipline. The goal of the in-house review program is to reduce the costs of the Board's enforcement function by providing for proposed discipline with a minimal amount of investigation, staff, attorney and judicial resources, while at the same time carrying out the mission of the Board.

### Violation Types

- FRAUD (which can include welfare and other government fraud and misrepresentation and conspiracy to commit fraud);
- THEFT (which can include petty theft, receiving stolen property and trespass);
- ALCOHOL (which can include DUI, reckless driving, public intoxication and other use in violation of law);
- DRUGS (which can include use, possession, and possession for sale);
- BODILY INJURY (which can include domestic violence, assault, battery and attempted battery).

Only the above related offenses qualify for in-house review and determination of penalty as long as no other disqualifying factors or extenuating circumstances are present.

To qualify for in-house review and determination of penalty, the following criteria must be met for the particular offense or applicant:

1. Violations (with the exception of drug offense) must be misdemeanors.
2. A child must not be the victim of the offense.
3. The violation must not have occurred during employment as a health care worker.
4. Bodily injury resulting from the offense must not be to an unknowing victim, innocent bystander or defenseless person.
5. Bodily injury resulting from the offense must not have been the result of premeditation.
6. The offense must not have been extremely violent in nature, and must not have involved harassment or stalking.
7. Felony drug or alcohol offenses may qualify for in-house review and determination of penalty.

Where staff is in doubt as to the propriety of in-house review, the issues presented and the suggested discipline are to be addressed pursuant to previously established enforcement processes. Cases not qualified for this review will be reviewed individually and on a case-by-case basis for suggested discipline.



## APPLICANT PENALTY DETERMINATION GUIDELINES

No.	Case Type	Proposed Resolution
A-1	One (1) violation older than two (2) years from the date the application is received - excluding drugs	Strong Warning Letter
A-2	Two (2) violations older than five (5) years from the date the application is received - excluding drugs	Strong Warning Letter
A-3	Any violation(s) that does not meet the qualifications in numbers A1-A2	Citation and Fine or Probation
A-4	Multiple violations that show patterned behavior and at least two (2) violations showing that patterned behavior must have occurred within three (3) years from the date that application for licensure is received	Denial
A-5	Perjury on any Respiratory Care Board form that conceals any violation or would in anyway benefit the applicant	Citation and Fine, Probation or Denial

A single incident or occurrence represents one violation.

For reference, following are the penalty determination guidelines utilized in licensee cases. Please note that these guidelines are subject to change.

## LICENSE PENALTY DETERMINATION GUIDELINES

No.	Case Type	Proposed Resolution
L-1	One (1) violation (within 7 years) - excluding drugs	Cite and Fine
L-2	One (1) violation for drug use/possession within seven (7) years	Probation (possible cite and fine)
L-3	Two (2) or more violations within seven (7) years	Probation or Revocation (possible cite and fine)
L-4	Multiple violations (generally 3 or more) that show patterned behavior and at least two (2) violations showing that patterned behavior must have occurred within the last five (5) years	Revocation (minimal possibility of probation)
L-5	Perjury on any Respiratory Care Board form that conceals any violation or would in anyway benefit the licensee	Citation and Fine \$1,000 for first offense, \$2,500 thereafter plus any other appropriate discipline

A single incident or occurrence represents one violation.